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FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076

PECEIVE Expires: May 31, 2005

Estimated average burden

hours per response.....16.00

JAN 2

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

RIGHT Serial

DATE RECEIVED

Name o EE	Offering (check if this is an amendment and name has changed, and indicate change.) Acquisition Co., Inc.
Filing U	nder (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing: New Filing Amendment
	A. BASIC IDENTIFICATION DATA
I. En	ter the information requested about the issuer
	Issuer (check if this is an amendment and name has changed, and indicate change.) Acquisition Co., Inc.
Address	of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) commerce Drive, Bedford, New Hampshire 03110 (603) 656-9778
	of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) rent from Executive Offices)
	escription of Business Stributor of nutritional and health supplements. PROCESSE
Type of	Business Organization corporation business trust Imited partnership, already formed other (please specify): JAN 22 2004
	Month Year or Estimated Date of Incorporation or Organization: III 03 K Actual Estimated tion of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

						A. BASIC ID	ENTL	TICATION DATA		l l			
2.	Enter the informa	ition re	queste	d for the fo	llowin	ıg:		* 2					
	• Each promoter of the issuer, if the issuer has been organized within the past five years;												
	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.												
	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and												
	Each genera	l and m	anagi	ng partner c	of part	nership issuers.							
Che	ck Box(es) that Ap	ply:	X	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	ridual)									
C	Griswold, Br	reho	n S.										•
Bus	iness or Residence	Addres	s (1	Number and	Stree	t, City, State, Zip C	ode)						
7	Commerce I	Driv	e, E	edford,	, NH	03110		•					
Che	ck Box(es) that Ap	ply:		Promoter	X	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	ridual)									· ·
E	Emerson, Jos	seph	Α.				*						
Bus	iness or Residence	Addres	s (1	Number and	Stree	t, City, State, Zip C	ode)					· .	
7	Commerce I	Drive	⊇, E	edford,	, NH	03110							
Che	ck Box(es) that Ap	ply:		Promoter	X	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	ridual)									
M	icKean, John	a W.											,
Busi	iness or Residence	Addres	is (1	Number and	Street	t, City, State, Zip C	ode)				·		
S	andy Woods	Fari	n, P	.O. Box	3,0	9, Pinehurs	t, N	C 28370					
Che	ck Box(es) that Ap	ply:		Promoter		Beneficial Owner		Executive Officer	\square	Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	idual)									
E	Elfner, Albe	ert											
	iness or Residence 3 Chestnut					t, City, State, Zip C A 02108	ode)						
Che	ck Box(es) that Ap	ply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	ridual)					_				
Busi	iness or Residence	Addres	is (N	Number and	Street	t, City, State, Zip C	ode)		<u> </u>		,		
	1.												
Che	ck Box(es) that Ap	ply;		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	idual)									
Bus	ness or Residence	Addres	s (1	Number and	Street	t, City, State, Zip C	ode)						
Che	ck Box(es) that Ap	ply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full	Name (Last name	first, if	indiv	idual)									
Bus	iness or Residence	Addres	s (N	Number and	Street	t, City, State, Zip C	ode)						
	<u> </u>			(Use bla	nk she	eet, or copy and use	additi	onal copies of this sl	heet, a	s necessary	·)		

					B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1	II no ab o		l ar daga ti		stand to on	11 to non o	oomoditad i		. this offeri	m a 0		Yes	No
1.	Has the	issuer soic	l, or does th							_			
2	Answer also in Appendix, Column 2, if filing under ULOE.										\$15 ,	619	
2.	2. What is the minimum investment that will be accepted from any individual?										Yes	No.	
3.	B. Does the offering permit joint ownership of a single unit?											[X]	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an													
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										,			
					informat	ion for that	broker or	dealer only	y	·			
Full	Name ()	Last name	first, if indi	viduai)					•				
Bus	iness or	Residence	Address (N	umber and	I Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	aler		:		1					 .
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	:		<u></u>	**	·	·
	(Check	"All States	" or check	individual	States)		••••••					☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
		IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (I	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)			.			
Nan	ne of Ass	ociated Br	oker or Dea	aler							· · · · · · · · · · · · · · · · · · ·		
	33.71		7	0.11.14.1	7 . 1	. 0 1: ::							·
Stat			Listed Has	٠.								□ 41	1 States
	Спеск	All States	" or check	maividuai	States)	••••••	•••••••	•••••••••				[] Ai	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA NI	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full			first, if indi								<u> </u>	·	
			· · · · · · · · · · · · · · · · · · ·										
Bus	iness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)						
Nan	e of Ass	ociated Br	oker or Dea	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						:
(Check "All States" or check individual States)										☐ AI	l States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	Ml	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC NA	ND WA	OH	OK WILL	OR	PA
•	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	-	gregate ring Price	Amo	ount Aiready Sold
Debt	\$	0	\$	0
Equity				
∑ Common	Ψ_2,5	,1,033.27	Ψ <u>+</u>	71,035.27
Convertible Securities (including warrants)	\$	0	•	0
Partnership Interests			٠ <u></u>	0
Other (Specify)	\$\$		ு	
Total	\$ 1.5	71 -633 - 27	\$ \$ 1.4	571 .633 .27
Answer also in Appendix, Column 3, if filing under ULOE.	φ <u>+,,</u>	71,033.21	<u>Б_+,-</u>	711,033.27
Enter the number of accredited and non-accredited investors who have purchased securities in this				
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate				•
he number of persons who have purchased securities and the aggregate dollar amount of their	۲.			
purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		mber		llar Amount
		vestors	of	Purchases
Accredited Investors	_			,571,633.27
Non-accredited Investors		0	. \$	0
Total (for filings under Rule 504 only)			\$	
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		* .		
	Tv	pe of	Do	llar Amount
Type of Offering		curity	20	Sold
Rule 505		· · · · · · · · · · · · · · · · · · ·	\$	
Regulation A			\$	
Rule 504			\$	
Total			\$	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	;			
Transfer Agent's Fees			\$	·
Printing and Engraving Costs		n	\$	
Legal Fees		X	\$ 30	,000
Accounting Fees		_		
Engineering Fees			\$	
Sales Commissions (specify finders' fees separately)		_	\$	
Other Expenses (identify)			\$	· · ·
Total			\$ 30	000

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$1,541,633.27
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	<u></u> \$
	Purchase of real estate	[\$
	Purchase, rental or leasing and installation of mac			
	Construction or leasing of plant buildings and faci	ilities] \$. 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse	ts or securities of another	¬.e	5 6 3 4 25 500 00
	issuer pursuant to a merger)			
	Working capital			
		· ·		
	Other (specify):			. ∐ 3
				\$
	Column Totals	[\$	\$ 1,541,633.2
	Total Payments Listed (column totals added)		<u></u> \$ <u>1</u>	<u>,541,633.2</u> 7
		D. FEDERAL SIGNATURE		
sign	ssuer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to furn formation furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
	(Print or Type) EI Acquisition Co., Inc.	Signature MM I	Date January /	4, 2004
Nam	e of Signer (Print or Type)	Title of Signer (Print of Type)		
	rehon S. Griswold	Chief Executive Officer		
				

ATTENTION